either to abandon the operation or to leave it incomplete, that the vaginal method gives the most brilliant results. Even when it is impossible to break up all the adhesions and to remove the adnexa, collections of pus may be opened and drained, and the adhesions often soften and disappear, while pain disappears. To leave the uterus after removal of the adnexa is to leave the patient incompletely cured, so that a secondary hysterectomy may be necessary.

Unilateral extirpation of the adnexa *per vaginam* may be readily performed with the aid of forcipressure, even during pregnancy. It may be necessary to do a secondary hysterectomy. Vaginal hysterectomy by morcellation is admirably adapted to the removal of fibroids, even when the tumors extend to the umbilicus. Complete prolapse of the uterus in women of advanced age is thus treated by the writer, extirpation being supplemented by pelvic operations upon the vagina.

Physiology and Pathology as Illustrated by Menstruation and Gestation.

Barnes (*Glasgow Med. Journal*, December, 1894), in an inaugural address on this subject, concludes that gestation and menstruation throw much light upon the etiology, nature, and treatment of many diseases. The phenomena best explained in this way are the influence of increased nervous and vascular tension in the production of new tissue; absorption of the latter, the results of hemorrhage and of blood-changes and metabolism. Those who neglect this study are apt to attribute all disorders of functions and secretions to some actual organic change, instead of referring them to the depressed condition of the whole system. The author concludes with the suggestion that it is only those who combine gynecological with obstetrical observations who are in the best position to observe and generalize on this subject.

PÆDIATRICS.

UNDER THE CHARGE OF

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Biting the Nails.

Bérillon (*Medical Week*, 1894, p. 357) reiterates his previously expressed opinion that onychophagia and similar habits are generally associated with degeneracy. The frequency of nail-biting varies greatly in different institutions; in some, two or three out of every ten children are addicted to this habit. A careful examination invariably reveals signs of degeneracy. Such children are usually less healthy in appearance than others, presenting de-

formities of the skull and nnomalies of the teeth and ears; and they often exhibit a marked antipnthy to physical exercises and games requiring effort. They write poorly nnd show marked inferiority in manual dexterity. They sre slow to learn, and are incapahle of continuous application; in short, they always exhibit nn inferiority in some direction or other. The usual corrective measures prove unavniling, in the mnjority of cases only hypnotic suggestion seeming to be capnble of effecting a cure.

The Diagnosis of Sporadic Variola.

In a note on the spread of infectious diseases, Niven, Medical Officer of Health for Mnnchester (*Lancet*, 1894, ii. p. 192), emphasizes the importance of the recognition of slight cases of smallpox. The frequent mistakes between smallpox and chicken-pox can he avoided by attention to the following rules: (1) Adults rarely have chicken-pox. If two adults appear to have chicken-pox in one house, the medical attendnnt shonld auspect smallpox. (2) Properly vaccinnted children under seven years of age very rarely have smallpox. (3) With few exceptions, children attacked with chicken-pox experience no initial sense of illness. With smallpox they almost alwnys have well-marked illness. (4) The distribution of the eruption is different. In slight smallpox the eruption is almost alwnys on the face and limbs, sparing the abdomen and front of the chest. In chicken-pox there are genernlly a large nnmber of pocks on the front of the chest nnd abdomen. (5) The eruptions are different in character. To mention no other points, the eruption of smnllpox is tolerably uniform in size and round in shnpe. The eruption of chicken-pox is very variable in size, and many of the pocks, on the body especinlly, are of oval shape. (6) The eruption of chicken-pox is itchy in n great many instances; that of smnllpox is, at first, not so.

Cases of Infantile Diarrhœa Complicated by Acute Nephritis.

In a short note Turner, of Liverpool (*The Practitioner*, October, 1894, p. 263), reports three cases of infantile diarrhœa complicated by fatal ncute nephritis. All three children were aged nnder a year, and had suffered from diarrhœa "for more thnn a fortnight." Another fact of interest is thnt they were all rickety children, but their family histories showed nothing noteworthy. They were nll seen for the first time within a period of four days. The treatment adopted was mainly thnt recommended by Dr. Burney Yeo in his *Manual*. Under this treatment all three patients seemed to he improving; hut on the fourth day pntient No. I. was noticed to have swollen feet, and was puffed under the eyes. On the following day this was more marked, nnd the mother noticed a diminution in the amount of nrine on the nnpkins. Despite appropriate treatment, the child died on the fourth day with the usunl symptoms of urœmia. It was noted thnt coincidentally with the œdemn of the feet and legs there was an improvement in the diarrhœa, and bile-staining was almost nbsent. Pntient No. II. ran a very similar course; and here a small sample of urine obtained was found to he albuminous. In this case death took place on the fifth day after the appearance of œdems. Pntient No. III. lingered a week, and before the end œdema was extreme. It mny be stated that on the first appearance of renal symptoms the minute doses of